

TABLE 3: MEDICARE PHYSICIAN FEE SCHEDULE

Modifiers:

26 = "Professional component," the portion of diagnostic test that involves a physician's work and allocation of the practice expense.

TC = "Technical component," for diagnostic tests, the portion of a procedure that does not include a physician's participation. The TC value is the difference between the global values and the professional component (26).

No Modifier = "Global value," includes both professional and technical components.

CPT®/HCPCS	Mod	Description	Physician Work RVUs	Non-Facility Practice Expense RVUs	Malpractice RVUs	Non-Facility Total RVUs	Fee (see geographic adjustors in table 4)
69210 ⁴		Remove impacted ear wax(See note in Table 2)	0.61	0.63	0.05	1.29	\$48.89
92506 ⁴		Speech, lang., aural rehab evaluation	0.86	2.59	0.03	3.48	\$131.88
92507 ⁴		Speech, lang., aural rehab	0.52	1.11	0.02	1.65	\$62.53
92508 ⁴		Speech/hearing treatment, group	0.26	0.51	0.01	0.78	\$29.56
92510 ⁴		Rehab for ear implant	1.50	2.08	0.07	3.65	\$138.33
92516		Facial nerve function test	0.43	1.20	0.01	1.64	\$62.15
92541		Spontaneous nystagmus test	0.40	1.03	0.04	1.47	\$55.71
92541	26	Spontaneous nystagmus test	0.40	0.19	0.02	0.61	\$23.12
92541	TC	Spontaneous nystagmus test	0.00	0.84	0.02	0.86	\$32.59
92542		Positional nystagmus test	0.33	1.14	0.03	1.50	\$56.85
92542	26	Positional nystagmus test	0.33	0.16	0.01	0.50	\$18.95
92542	TC	Positional nystagmus test	0.00	0.98	0.02	1.00	\$37.90
92543		Caloric vestibular test	0.10	0.57	0.02	0.69	\$26.15
92543	26	Caloric vestibular test	0.10	0.05	0.01	0.16	\$6.06
92543	TC	Caloric vestibular test	0.00	0.52	0.01	0.53	\$20.09
92544		Optokinetic nystagmus test	0.26	0.90	0.03	1.19	\$45.10
92544	26	Optokinetic nystagmus test	0.26	0.12	0.01	0.39	\$14.78
92544	TC	Optokinetic nystagmus test	0.00	0.78	0.02	0.80	\$30.32
92545		Oscillating tracking test	0.23	0.80	0.03	1.06	\$40.17
92545	26	Oscillating tracking test	0.23	0.11	0.01	0.35	\$13.26
92545	TC	Oscillating tracking test	0.00	0.69	0.02	0.71	\$26.91

⁴ Medicare does not cover these services under the audiology benefit.

CPT* / HCPCS	Mod	Description	Physician Work RVUs	Non-Facility Practice Expense RVUs	Malpractice RVUs	Non-Facility Total RVUs	Fee (see geographic adjustors in table 4)
92546		Sinusoidal rotational test	0.29	1.98	0.03	2.30	\$87.16
92546	26	Sinusoidal rotational test	0.29	0.13	0.01	0.43	\$16.30
92546	TC	Sinusoidal rotational test	0.00	1.85	0.02	1.87	\$70.87
92547		Supplemental electrical test	0.00	0.08	0.06	0.14	\$5.31
92548		Posturography	0.50	2.25	0.15	2.90	\$109.90
92548	26	Posturography	0.50	0.26	0.02	0.78	\$29.56
92548	TC	Posturography	0.00	1.99	0.13	2.12	\$80.34
92551		Pure tone hearing test, air (screening)	0.00	0.00	0.00	0.00	\$0.00
92552		Pure tone audiometry, air	0.00	0.44	0.04	0.48	\$18.19
92553		Audiometry, air & bone	0.00	0.66	0.06	0.72	\$27.29
92555		Speech threshold audiometry	0.00	0.38	0.04	0.42	\$15.92
92556		Speech audiometry, complete	0.00	0.57	0.06	0.63	\$23.88
92557		Comprehensive hearing test	0.00	1.19	0.12	1.31	\$49.65
92559		Group audiometric testing	0.00	0.00	0.00	0.00	\$0.00
92560		Bekesy audiometry, screen	0.00	0.00	0.00	0.00	\$0.00
92561		Bekesy audiometry, diagnosis	0.00	0.72	0.06	0.78	\$29.56
92562		Loudness balance test	0.00	0.41	0.04	0.45	\$17.05
92563		Tone decay hearing test	0.00	0.38	0.04	0.42	\$15.92
92564		SISI hearing test	0.00	0.47	0.05	0.52	\$19.71
92565		Stenger test, pure tone	0.00	0.40	0.04	0.44	\$16.67
92567		Tympanometry	0.00	0.52	0.06	0.58	\$21.98
92568		Acoustic reflex testing	0.00	0.38	0.04	0.42	\$15.92
92569		Acoustic reflex decay test	0.00	0.41	0.04	0.45	\$17.05
92571		Filtered speech hearing test	0.00	0.39	0.04	0.43	\$16.30
92572		Staggered spondaic word test	0.00	0.09	0.01	0.10	\$3.79
92573		Lombard test	0.00	0.35	0.04	0.39	\$14.78
92575		Sensorineural acuity test	0.00	0.30	0.02	0.32	\$12.13

CPT* / HCPCS	Mod	Description	Physician Work RVUs	Non-Facility Practice Expense RVUs	Malpractice RVUs	Non-Facility Total RVUs	Fee (see geographic adjustors in table 4)
92576		Synthetic sentence test	0.00	0.44	0.05	0.49	\$18.57
92577		Stenger test, speech	0.00	0.72	0.07	0.79	\$29.94
92579		Visual audiometry (VRA)	0.00	0.73	0.06	0.79	\$29.94
92582		Conditioning play audiometry	0.00	0.73	0.06	0.79	\$29.94
92583		Select picture audiometry	0.00	0.89	0.08	0.97	\$36.76
92584		Electrocochleography	0.00	2.47	0.21	2.68	\$101.57
92585		Auditor evoke potentials, comprehensive	0.50	2.06	0.17	2.73	\$103.46
92585	26	Auditor evoke potentials, comprehensive	0.50	0.21	0.03	0.74	\$28.04
92585	TC	Auditor evoke potentials, comprehensive	0.00	1.85	0.14	1.99	\$75.42
92586		Auditor evoke potentials, limit	0.00	1.85	0.14	1.99	\$75.42
92587		Evoked autoacoustic emiss, limited	0.13	1.37	0.12	1.62	\$61.39
92587	26	Evoked autoacoustic emiss, limited	0.13	0.06	0.01	0.20	\$7.58
92587	TC	Evoked autoacoustic emiss, limited	0.00	1.31	0.11	1.42	\$53.81
92588		Evoked autoacoustic emiss, comp.	0.36	1.63	0.14	2.13	\$80.72
92588	26	Evoked autoacoustic emiss, comp.	0.36	0.16	0.01	0.53	\$20.09
92588	TC	Evoked autoacoustic emiss, comp.	0.00	1.47	0.13	1.60	\$60.64
92596		Ear protector evaluation	0.00	0.59	0.06	0.65	\$24.63
92601		Cochlear implant follow-up exam, pt under 7 yrs of age	0.00	3.50	0.07	3.57	\$135.29
92602		Reprogram cochlear implant, pt under 7 yrs of age	0.00	2.38	0.07	2.45	\$92.85
92603		Cochlear implant follow-up exam, pt 7 yrs of age or older	0.00	2.14	0.07	2.21	\$83.75
92604		Reprogram cochlear implant, pt 7 yrs of age or older	0.00	1.35	0.07	1.42	\$53.81
92620		Auditory function, 60 min	0.00	1.14	0.06	1.20	\$45.48
92621		Auditory function, + 15 min	0.00	0.25	0.06	0.31	\$11.75
92625		Tinnitus assessment	0.00	1.12	0.06	1.18	\$44.72
95920		Intraop nerve test add-on	2.11	2.24	0.23	4.58	\$173.57

CPT* / HCPCS	Mod	Description	Physician Work RVUs	Non-Facility Practice Expense RVUs	Malpractice RVUs	Non-Facility Total RVUs	Fee (see geographic adjustors in table 4)
95920	26	Intraop nerve test add-on	2.11	0.93	0.16	3.20	\$121.27
95920	TC	Intraop nerve test add-on	0.00	1.31	0.07	1.38	\$52.30
95925		Somatosensory testing	0.54	1.13	0.10	1.77	\$67.08
95925	26	Somatosensory testing	0.54	0.22	0.04	0.80	\$30.32
95925	TC	Somatosensory testing	0.00	0.91	0.06	0.97	\$36.76
95926		Somatosensory testing	0.54	1.14	0.09	1.77	\$67.08
95926	26	Somatosensory testing	0.54	0.23	0.03	0.80	\$30.32
95926	TC	Somatosensory testing	0.00	0.91	0.06	0.97	\$36.76
95927		Somatosensory testing	0.54	1.16	0.09	1.79	\$67.84
95927	26	Somatosensory testing in the trunk or head	0.54	0.25	0.03	0.82	\$31.08
95927	TC	Somatosensory testing in the trunk or head	0.00	0.91	0.06	0.97	\$36.76
95930		Visual evoked potential test	0.35	2.24	0.03	2.62	\$99.29
95930	26	Visual evoked potential test	0.35	0.15	0.02	0.52	\$19.71
95930	TC	Visual evoked potential test	0.00	2.09	0.01	2.10	\$79.58
95934		H-reflex test	0.51	0.43	0.04	0.98	\$37.14
95934	26	H-reflex test	0.51	0.22	0.02	0.75	\$28.42
95934	TC	H-reflex test	0.00	0.21	0.02	0.23	\$8.72
95936		H-reflex test, not g/s muscle	0.55	0.45	0.05	1.05	\$39.79
95936	26	H-reflex test, not g/s muscle	0.55	0.24	0.03	0.82	\$31.08
95936	TC	H-reflex test, not g/s muscle	0.00	0.21	0.02	0.23	\$8.72
95937		Neuromuscular junction test	0.65	0.61	0.09	1.35	\$51.16
95937	26	Neuromuscular junction test	0.65	0.27	0.07	0.99	\$37.52
95937	TC	Neuromuscular junction test	0.00	0.34	0.02	0.36	\$13.64